

# Health & Safety Information and Authorization Packet 2015

for

## Selected GUSLA Ambassadors





# GUSLA Ambassador Student Program (GASP) at Northern Arizona University (NAU)



## 2015 GUSLA Ambassador Health & Safety Information and Authorization Packet

Congratulations on your acceptance to the  
GEAR UP Summer Leadership Academy, as a GUSLA Ambassador, on the NAU Flagstaff Campus

June 14 to June 19, 2015

Parents / Guardians and GUSLA Ambassadors,

**Please read carefully and complete this entire Health & Safety Information and Authorization Packet.**

To help ensure you complete this entire packet, check the boxes below as you complete each section, then return all required pages to your school's GEAR UP Coordinator by June 1, 2015 in order to be eligible for selection.

- Page 2 (Part I) – Personal Information**
- Page 3 (Part II) - Parent and Student Agreement – Parent/guardian and student signatures required.**
- Page 4 (Parts III) - Permission to Treat & Liability Waiver (in case of medical emergency)**
- Page 5 (IV) - Authorization to Visit/Take Student Off-Campus – Parent/guardian signatures required in one (1) place**
- Page 6 & 7 (Part V) - Student Medical information – Parent/guardian signatures required in one (1) place**
- Page 8 & 9 (Part VI) – NAU Challenge Course Participation Waiver Parent/guardian initials & signatures required in three (3) places**
- Page 10 (Part VII) - GUSLA Student Expectations of Conduct – (you may keep this page for your records)**

Arizona GEAR UP State Office  
Northern Arizona University  
GEAR UP Summer Leadership Academy  
Phone: 602-728-9501 Fax: 602-776-4619  
Email: [gear.up@nau.edu](mailto:gear.up@nau.edu)

# 2015 AZ GEAR UP SUMMER LEADERSHIP ACADEMY GUSLA

## Ambassador Health & Safety Information and Authorization

### **Part I. Personal Information** (Please print clearly, in black ink)

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Street, Route, Box)

(City)

(State)

(Zip Code)

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender (circle one): M F Home Phone: (\_\_\_\_) \_\_\_\_\_  
Month Day Year

Parent Cell Phone# (\_\_\_\_) \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

Student shirt size (Adult size shirts, circle one): X-Small Small Medium Large XL 2XL 3XL

#### **School Information:**

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

#### **Parent/Guardian Information**

Father or Guardian

Mother or Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Day Phone Number: (\_\_\_\_) \_\_\_\_\_

Day Phone Number: (\_\_\_\_) \_\_\_\_\_

Evening Phone Number: (\_\_\_\_) \_\_\_\_\_

Evening Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Which parent has custody of the student?  Both  Mother  Father  Other: \_\_\_\_\_

## **Part. II Student & Parent/Guardian Agreement: Signatures required below**

We (Parents/ Guardians and student) have read all of the 2015 AZ GEAR UP Summer Leadership Academy's Student Expectations of Conduct and we agree the student will follow all rules and guidelines for student conduct. We realize that NAU/AZ GEAR UP reserves the right to ask the student to leave the program for medical, disciplinary, or other reasons. If asked to leave, we understand the student must leave NAU within 24 hours, and we (the parents/guardians) must arrange transportation. If the student is asked to leave for disciplinary reasons, we understand that the student may not be allowed to attend future NAU/AZ GEAR UP summer programs.

We understand that under extenuating circumstances, it may be necessary for NAU/AZ GEAR UP to search students' rooms and belongings unannounced, in the interest of your student's and others' safety and well-being.

### **Parents:**

- I am responsible for the cost of repairing or replacing any property that my child damages at the site.
- I am responsible for any expenses which are not covered by the tuition, room, and meals fees.
- I am responsible for any medical costs incurred by my child while enrolled in the program.
- Should my child be selected to attend, I must have the Medical Form properly completed by the appropriate deadline. **I understand that my child will not be admitted to the program if the properly completed forms are not returned.**

I give permission for my child to:

- participate in GUSLA-sponsored trips off-campus, including, but not limited to class field trips. I understand that my child will be supervised by GUSLA staff. I agree that NAU/GUSLA employees, who are Transportation Board Safety Certified, may transport my child to program activities while attending GUSLA.
- participate in the NAU Counseling Practicum to learn more about study skills, transition to College, and to obtain academic and personal support.
- be videotaped, photographed, and interviewed for broadcast or publication, and/or have a sample of his/her work broadcast or published. I understand that GUSLA will exercise discretion regarding media contact.
- complete all assessments and surveys that GUSLA deems necessary in evaluating program effectiveness.

As the parent or guardian of \_\_\_\_\_, I understand the conditions of the AZ GEAR UP Summer Leadership Academy and consent to them as outlined. I give permission for my student to participate in the AZ GEAR UP Summer Leadership Academy at NAU.

  
\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

### **Student:**

I agree to follow all rules and expectations for participation in the AZ GEAR UP Summer Leadership Academy at NAU, and understand that my continued membership in the NAU/GUSLA community depends on my willingness to follow these rules.

  
\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

### **Part III. Permission to Treat & Liability Waiver: Signature required below**

I give permission for my child, \_\_\_\_\_, to participate in this Northern Arizona University (“NAU” or “University”) Program. In consideration of allowing my child to participate in this Program and related activities, I, on behalf of my child and for myself and my spouse, if any, and our heirs, successors, and assigns:

1. Acknowledge and understand that allowing my child to participate in the Program may involve a variety of activities. Such participation, particularly in field trips, sports camps, and physical education, may involve risks, including but not limited to, serious personal injury, partial or permanent disability, property damage, and/or death. These risks may result from my child’s own actions or inactions, from the actions or inactions of others, or may be inherent to participating in the Program. I understand that I am responsible for ensuring that my child is properly prepared for all Program activities, and I represent that my child is in good health and is able to participate fully in all Program activities.
2. Assume all of the foregoing risks and accept personal and financial responsibility for all damages for personal injury, partial or permanent disability, property damage, or death of my child, or caused by my child, to the fullest extent allowed by law.
3. Agree not to sue the State of Arizona, the Arizona Board of Regents, Northern Arizona University, their officers, employees, agents, and assigns, and waive all claims, demands, losses, or damages on account of personal injury, partial or permanent disability, property damage, or death, caused or alleged to be caused in whole or in part by the actions of any person or entity, to the fullest extent allowed by law.
4. Grant to NAU and to its employees, agents and assigns the right to photograph my child and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes for use in connection with University Programs, whether electronic, print, digital or via the Internet.
5. Understand that the only medical treatment that will be provided by the Program is for such things as minor scrapes and bruises. Any medical costs, including emergency medical treatment that may be incurred as a result of my child’s participation in the Program will be my financial responsibility.
6. Hereby consent to NAU, any appropriate medical facility, including, but not limited to the Campus Health Services located on the Northern Arizona University main campus, providing whatever medical services they may deem necessary for my child in the event of an emergency. I certify that I have adequate insurance and/or other means to pay for any costs and expenses related to these services and I agree to bear such costs and expenses in full.
7. Waive and release all claims against the State of Arizona, the Arizona Board of Regents, and Northern Arizona University, their officers, employees, agents, and assigns that arise at a time when my child is not under the direct supervision of NAU or that are caused by my child’s failure to remain under such supervision or to comply with rules or instructions, to the fullest extent allowed by law.
8. **ACKNOWLEDGE THAT I HAVE READ THE ABOVE ASSUMPTION OF RISK, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

 \*Signature of parent or legal guardian: \_\_\_\_\_ \* Date: \_\_\_\_\_

**Part IV. AUTHORIZATION to VISIT/TAKE STUDENT OFF CAMPUS:**  
**signature required below**

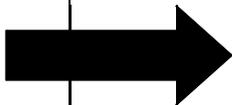
Please complete this form if any person other than the custodial parent(s) or guardian(s) may visit your child or take your child off campus during the session or on departure day. (Site coordinators from your student’s school do not need to be listed.)

**NOTE:** In order to protect the students, **ALL** individuals (including parents) arriving to visit or take a student off campus must check-in at the GUSLA office and show **PICTURE I.D.** Please be sure to let anyone coming to see your child know about this policy so they may plan accordingly. If you have any questions about this policy please call the GUSLA office at (602) 728-9501.

The following people have my permission to visit and/or take my child off campus:

1. Name	Address
Phone Number(s)	Relationship
2. Name	Address
Phone Number(s)	Relationship
3. Name	Address
Phone Number(s)	Relationship

Please provide information about any custody issues that may affect your child’s stay at NAU/GUSLA. Attach copy of any relevant legal documents.



Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

## Part V. Student Medical Information

To be completed by parent/guardian		Student is attending: <b>June 14 - 19, 2015</b>			
Student's Name		Last	First	M. Initial	
Address			Birthdate	Gender	
Father/Guardian		Mother/Guardian			
Daytime Phone		Daytime Phone			
Evening Phone		Evening Phone			
Cell phone		Cell phone			
Insurance Company Name		Insurance Company Name			
Policy # and group #		Policy # and group #			
Prescription Medication Card #		Prescription Medication Card #			
Emergency Contact #1 (other than parent/guardian; must be in US)		Emergency Contact #2 (other than parent/guardian; must be in US)			
Relationship to student		Relationship to student			
Daytime Phone		Daytime Phone			
Evening Phone		Evening Phone			
<input type="checkbox"/> My child takes regular medications. I understand that medications (including prescription medications, over-the-counter medicines, vitamins, and supplements) will be dispensed by GUSLA staff only, and that my child may not keep medications with him or her (with the exceptions of inhalers, insulin, epi-pens, and topical medications). I understand that all medications must be in their original containers, and will be given according to physician or package directions.			<input type="checkbox"/> My child does not take regular medications at this time.		
<b>Please Print Legibly:</b>					
Medication Name	Dose	Time (circle as many as apply)			
		<b>Breakfast</b>	<b>Lunch</b>	<b>3pm</b>	<b>Dinner</b>
This medication is for:					<b>Bedtime</b>
Medication Name	Dose	Time (circle as many as apply)			
		<b>Breakfast</b>	<b>Lunch</b>	<b>3pm</b>	<b>Dinner</b>
This medication is for:					<b>Bedtime</b>
Medication Name	Dose	Time (circle as many as apply)			
		<b>Breakfast</b>	<b>Lunch</b>	<b>3pm</b>	<b>Dinner</b>
This medication is for:					<b>Bedtime</b>

**Student Name:**

**GUSLA Session Dates: June 14- 19, 2015**

Over-the-counter medications:

GUSLA will supply the following medications (or their generic equivalents) as needed for the symptoms indicated, and according to package directions. Check off those medications that your child **CAN** receive on an as needed (PRN) basis. We cannot dispense any not checked.

<input type="checkbox"/> Advil (ibuprofen for pain and fever)	<input type="checkbox"/> Alka-Seltzer Cold & Flu	<input type="checkbox"/> Benadryl for allergy symptoms
<input type="checkbox"/> Throat drops & throat spray	<input type="checkbox"/> Midol / Pamprin for menstrual cramps	<input type="checkbox"/> Mira lax for constipation
<input type="checkbox"/> Imodium for diarrhea	<input type="checkbox"/> Pepto Bismol & Tums for stomach upset	<input type="checkbox"/> Tylenol for headache, fever, or pain
<input type="checkbox"/> Robitussin DM for Cough	<input type="checkbox"/> Sudafed for sinus congestion	<input type="checkbox"/> Visine for eye irritation

Please do not give my child the following medications under ANY circumstances:

Allergies to medications, foods, insect bites, etc:

\*Does your child carry an epi-pen for allergies?     Yes     No

History of operations or serious illness:

\*Is your child under the care of a psychologist, psychiatrist, or counselor? If so, please give contact information:

\*Please give your child's full medical history below. This information will be necessary in the event that your child needs emergency medical treatment. Check if there is a history of problems or condition:

<input type="checkbox"/> Ear/sinus infections	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Musculoskeletal disorders
<input type="checkbox"/> Migraines/headaches	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eczema/skin disorder
<input type="checkbox"/> Hearing/vision impairments	<input type="checkbox"/> Gastrointestinal disorders	<input type="checkbox"/> ADD or ADHD
<input type="checkbox"/> Asthma	<input type="checkbox"/> Urinary tract infections	<input type="checkbox"/> Depression/anxiety
<input type="checkbox"/> Bronchitis/pneumonia	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Eating disorder
<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> Neurological disorder	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Hemophilia/anemia/blood disorder	<input type="checkbox"/> Seizures/fainting	<input type="checkbox"/> Other

**Details of conditions checked above** (please provide additional pages as needed)

**Additional information:** Does your child have any special needs you would like us to know about to make their week at GUSLA more successful. For example, does your child have an IEP, special needs in the classroom, behavioral issues, or other issues their teacher should be aware of?

## Part VI. NAU Challenge Course Participation Waiver



### Acknowledgement/Assumption of Risk Waiver and Release of Liability



**IMPORTANT: THIS IS A LEGAL DOCUMENT**

*(NAU Outdoors is a program of Campus Recreation Services, a department within Enrollment Management and Student Affairs, and shall hereinafter be referred to as NAUODR)*

This document must be read and signed by participant and, in the event that participant is under the age of 18, by participant's parent(s) or legal guardian(s). If you have any questions regarding the legal consequences of signing this agreement you should consult an attorney.

**Activity: NAU Challenge Course Programing (please see NAU.EDU/Outdoors for a description of activities)**

(Please be as specific as possible and print neatly)

Participant's name \_\_\_\_\_

**Initials** (Read and initial each statement. If participant is under the age of 18 each statement must be initialed by a Parent/Guardian)

\_\_\_\_\_ I acknowledge that I have been given the opportunity to participate in the NAUODR activity and that I can decline to participate, at any time, if I wish.

### Acknowledgement and Assumption of Risk

By signing, I \_\_\_\_\_ (participant), voluntarily consent to participate in the above-mentioned activity offered by NAUODR. I have had the opportunity to review the list of activities at [www.nau.edu/outdoors](http://www.nau.edu/outdoors) and I have no questions regarding the nature of the activity in which I intend to participate or I have contacted the NAUODR staff to clarify any questions which I may have regarding the nature of the activity in which I intend to participate. I understand and am aware that there are a variety of risks and dangers inherent to said activity. These include, but are not limited to, loss or damage to equipment, personal injury, illness, temporary or permanent physical or emotional trauma, or death. I understand that I may be injured while participating due to my own actions, the actions of others, or because of "Acts of God." I give my permission to representatives from NAUODR to provide medical treatment should an emergency arise and for them to seek additional medical support, to the extent and when they deem appropriate. I give my permission to representatives from NAUODR to release any information from my educational records, including this document, in connection with a health or safety emergency. I give my permission for representatives from NAUODR to transport me in connection with said activities in motor vehicles, including passenger vans, and I affirm my understanding that such transportation may create additional risks and I hereby voluntarily assume any and all such risks. I understand that NAUODR activity trips may occur in remote places, may be located many hours from medical facilities, that communication and transportation may be difficult, and that sometimes evacuations and medical care may be significantly delayed. I voluntarily assume all of the risk(s) associated with my participation in NAUODR activities.

I acknowledge and understand that it is my responsibility to decline, reduce, or stop participation in the event of illness, injury, or other medical condition. I understand that the staff may reduce or stop my participation when they determine that doing so is in the best interest of my safety or to aid in the well-being of other participants, and I acknowledge and understand that NAUODR staff have the authority to make said determination(s). I understand that it is my responsibility to maintain medical insurance, that such medical insurance is required to be in place prior to my participation in NAUODR activities, and that it is my responsibility to seek and receive medical evaluation and treatment

for any symptoms that may arise out of or are related to my participation in NAUODR activities. Should an evacuation be required, I voluntarily assume responsibility for all fees incurred in conjunction with the evacuation. I acknowledge and understand that NAUODR is self-insured and will not provide insurance coverage for me. I further agree to abide by all applicable laws, Arizona Board of Regents, NAU and Campus Recreation Services policies and procedures, as well as any directives given to me by NAUODR personnel at any time.

### Waiver, Release and Indemnification

I agree to release, indemnify and hold harmless the State of Arizona, the Arizona Board of Regents, Northern Arizona University, NAUODR, and all of their members, employees, and agents, ("Indemnitees") from any and all claims, damages, losses, injuries, and expenses arising out of or related to my participation in NAUODR activities, except those which are due to the gross negligence or intentional misconduct of the Indemnitees.

If the Indemnitees are made to defend any action, lawsuit, or litigation on my behalf or as a result of my actions, I hereby agree to pay the Indemnitees' legal costs, including attorney's fees.

I agree that should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction, the remaining parts or paragraphs shall remain in full force and effect. I agree that the site of any lawsuit arising out of or related to this agreement shall be Coconino County, Arizona and that the law governing any such lawsuit shall be Arizona law. The terms of this agreement shall continue and be in effect after my participation in the NAUODR program activities has been completed.

### Permission to Use Photographs

\_\_\_\_\_ By initialing here, I hereby provide NAUODR with permission to use or release any photographs or videos taken during this program for publicity purposes and as a means of promoting NAUODR's educational mission and its programs, including photographs or videos which might otherwise be considered education records.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent(s)/Legal Guardian(s) and Relationship to participant

\_\_\_\_\_  
Parent(s)/Legal Guardian(s) Signature(s)\* (if you are signing for a participant under the age of 18)

\_\_\_\_\_  
Date

\*By signing I certify to NAUODR that I am the parent or legal guardian of the participant named above, that I have the legal authority to sign this Agreement, and that I hereby assume all legal responsibilities associated therewith on behalf of and for the participant. I further certify that I have read I have no questions about this Agreement.

## **Part VII. AZ GUSLA Expectations of Student Conduct**

GUSLA at NAU provides an opportunity for selected GEAR UP students to come together within a supportive community built on respect, responsibility, and trust. In order to create and sustain such a community, students must agree to uphold academic and personal integrity, respecting the ideas and property of others.

### **EXPECTATIONS:**

Strive to do the best academic work possible.

Tolerate and respect individuals of different races, cultures, religions, genders, sexual orientations, disabilities, and national origins.

Behave in a friendly, cooperative, and responsible manner toward all persons in the NAU/GUSLA community, on the larger campus and in the local communities.

Attend all class sessions, meals, activities, and meetings.

Understand that possession or use of alcohol, drugs, or tobacco **WILL NOT BE TOLERATED** and will result in IMMEDIATE dismissal from GUSLA. Parents will be expected to arrange for their student's transportation home; and legal action will be taken when appropriate.

Understand that hazing/bullying/violence (physical, verbal, emotional abuse or intimidation of others) **WILL NOT BE TOLERATED** and will result in IMMEDIATE dismissal from GUSLA. Parents will be expected to arrange for their student's transportation home; and legal action will be taken when appropriate.

Travel on campus only with GUSLA staff and other program participants. **DO NOT** travel alone on campus.

**DO NOT** leave campus unless participating in a scheduled program activity.

**Will NOT** be allowed on opposite-sex floors without the accompaniment of an adult staff member.

Any prescription medication must be provided to the Program Administrators for dispensing at the appropriate time.

*Students' continuing membership in the NAU-GUSLA community depends on their ability to follow the rules of conduct of the program.*

*Thank you!*